



# Little Buffs

## Fall Volleyball Clinic

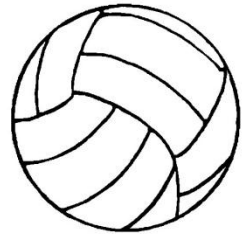
Hosted by University of Colorado Women's Club Volleyball

**1<sup>st</sup> Session: Elementary School, 2<sup>nd</sup> Session: Middle School**

**When:** Saturday, December 3<sup>rd</sup>

**Where:** CU Student Recreation Center, upstairs gym

**Cost:** \$30 per session



**Session 1 9:00am-12:00pm, Session 2 1:00-4:00pm**

**Check-in starts:** 8:30 am for morning, 12:30 pm for afternoon

Morning session will be focused on learning basic volleyball skills and overall rules mixed in with fun activities and games. The afternoon session will focus mainly on intermediate individual skills, and then applying those skills to team drills and games to help players develop prior to school tryouts. Lunch will not be included but we will provide healthy snacks.

*Please make sure to wear gym shoes and bring a water bottle.*

**To Register:** Please print, fill out and mail this form and waiver (below) on 1 sheet of paper, and mail forms and checks payable to CU Womens Club Volleyball to:

Attn: Patty McConnell, University of Colorado Women's Club Volleyball

UCB 355

Boulder CO 80309

**Mail-in registration is preferred but we do accept walk-ups with email confirmation.**

**Email Questions to: Kassidi Warnock, [kassidi.warnock@colorado.edu](mailto:kassidi.warnock@colorado.edu)**

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Session: **1 2**

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check Total: \_\_\_\_\_

(email and phone are required for confirmation)

## University of Colorado Release from Responsibility, Assumption of Risk and Waiver

I exercise my own free choice to participate in the above designated Activity. **I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property including falls, contact with other participants, effects of weather, traffic and road conditions occurring in connection with or arising out of participation in the**

### **Little Buffs Volleyball Clinic January 29<sup>th</sup>, 2010, Hosted by: CU Women's Club Volleyball**

I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for \_\_\_\_\_, (participant) for the duration of his/her participation in this Activity. **I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this Activity.**

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver. **The parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.**

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Parent/Guardian Signature

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Date